

**4-H CAMP APPLICATION
CAMPER
JUNE 9 - 12, 2009**

Ck# _____
Cash _____
Amount _____
Received By _____
Date Received _____

WHO CAN GO TO CAMP?

To attend 4-H Camp:

1. You must be enrolled in 4-H for the 2008 - 2009 4-H year as a full-fledged member (not a Cloverbud) in Stillwater, Carbon, or Yellowstone County.
2. Applicants must be no older than 13 **by the time of camp--June 9.**

APPLICATION PROCESS:

- 1) Complete the **4-H Camp Application Form**
- 2) Due into Yellowstone County Extension Office by **May 1, 2009**
- 3) 50 campers from our county will be accepted on a first-come, first-served basis.
- 4) Send this application with the registration fee to:
**Yellowstone County Extension Office
PO Box 35021
Billings, MT 59107**
- 5) Information regarding camp details (what to bring, arrival times, etc.) will be mailed to each camper family after the registration due date.

REGISTRATION FEE:

\$100.00 due into Yellowstone County Extension Office by May 1
Make checks payable to: **Yellowstone County 4-H Council**

Please note: The Yellowstone 4-H Leaders Council donates an additional \$20 per camper as well as the bus fee and workshop supplies.

SCHOLARSHIP APPLICANTS:

You must send a \$65.00 check (made payable to: Yellowstone County 4-H Council) with your application (if you are not awarded the scholarship, you will be billed for the remaining fee, due before we leave for camp). 4-H member must write a note and enclose with completed application, explaining why you feel you should be awarded a partial scholarship.

LOCATION: Beartooth Mountain Christian Ranch, Southwest of Columbus, MT

Name: _____ Address: _____
City: _____ Zip: _____ Telephone: _____
Club: _____ Birthday: _____ Boy: _____ Girl: _____

Parent or sibling in the military? If yes, please list Military Branch _____
What type of recreation do you like? _____
List games you like to play _____
List one person you would like to be your roommate _____
Your age as of June 9, 2009 _____

4-H ACTIVITY/HEALTH AGREEMENT

Family Physician _____ Address _____ Phone _____
Your Insurance Carrier _____ Policy/Group # _____
How may you be contacted in case of an emergency? _____
Person to contact if family can't be contacted _____ Phone _____
Person(s) other than named above, to whom the camp may release the child upon request. _____

1. Has your child been away from home overnight before? Yes _____ No _____
 2. Mark any of these supervised activities in which the camper is NOT allowed to participate:
____ Horseback Riding ____ Zip-line ____ Workshops ____ Swimming
____ Ropes Course ____ Archery ____ Pellet Guns ____ Climbing wall
____ Backpacking ____ Other _____
- Has child had swimming lessons? ____yes ____no

To request disability accommodation or inform us of special dietary or other needs, please contact Roni Baker, Yellowstone County 4-H/Youth Development Agent, PO Box 35021, Billings, MT 59107. Phone: 406-256-2828

3. Does your child have any known allergic reactions (include food, medicine, plants, insects)? _____
4. Does your child have any illnesses requiring medication? _____
Medication _____ Dosage _____ Prescribed by _____
Medication _____ Dosage _____ Prescribed by _____
All medicines must be sent with the camper and be reported and checked in with the camp nurse.
5. What kinds of situations might cause your child distress? _____
6. Does your child wear Medic-Alert Tags? Yes _____ No _____ Where? _____
7. Is your child subject to: (Answer yes or no)
- | | | |
|----------------------|----------------------------|---------------------|
| _____ Abdominal Pain | _____ Ear or Sinus Trouble | _____ Heart Trouble |
| _____ Asthma | _____ Epilepsy | _____ Nose Bleeds |
| _____ Bed wetting | _____ Fainting Spells | _____ Sleep Walking |
| _____ Cramps | _____ Hay Fever | _____ Tonsillitis |
| _____ Diabetes | _____ Headaches | Other _____ |
- Describe child's reactions or other information we should know (e.g., disabilities): _____
8. Date of your last tetanus shot? _____
9. List any chronic illness or other condition for which your child needs treatment. (Explain - This is for a physician who might need to treat your child in case of illness or injury or for the insurance company.) _____

Authorization

I _____ being the parent or legal guardian of _____ affirm that this form is complete and accurate to my knowledge and grant permission for her/him to participate in the Yellowstone/Stillwater/Carbon County 4-H Camp. I will not hold the sponsoring organization or host facility or their representatives responsible in case of an accident.

(Signature of Parent or Guardian)

(Mailing Address, City, Zip)

(Signature of 4-H Member)

(Parent or Guardian Telephone)

I give permission for the Camp Nurse/MSU Extension Agent to administer simple medications such as aspirin, Tylenol, Pepto Bismol, cough syrup, etc., to my child if s/he is not allergic to medication. In case of a medical emergency, if I cannot be reached, I give permission for the director of the Camp to contact a physician. If I cannot be reached, I give permission for the attending physician to treat her/him in an emergency situation. I know the plans of the trip, including the dates, who will chaperon the group, the mode of travel, where the group will stay, and the planned activities. My son or daughter **agrees to abide** by the rules of no use or possession of alcohol, drugs, tobacco, cigarettes, knives, guns or any other items that could be considered a weapon. He or she also agrees to abide by the curfew and other rules established. Violations of these rules will result in a parent picking up the 4-H member or financing transportation home immediately.

I AGREE TO THE TERMS ABOVE:

(Signature of Parent or Guardian)

(Mailing Address, City, Zip)

(Date)

(Work Telephone)

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